

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

10/59/122

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		1					54						
5							55						
6		1					56						
7							57						
8		1					58						
9							59						
10		1					60						
11							61						
12		1					62						
13							63						
14		1					64						
15							65						
16		1					66						
17							67						
18	1						68						
19		1					69						
20							70						
21		1					71						
22							72						
23		1					73						
24							74						
25		1					75						
26							76						
27		1					77						
28							78						
29		1					79						
30							80						
31		1					81						
32							82						
33		1					83						
34							84						
35		1					85						
36	1						86						
37							87						
38		1					88						
39							89						
40		1					90						
41							91						
42		1					92						
43							93						
44		1					94						
45							95						
46		1					96						
47	1						97						
48		1					98						
49							99						
50		1					100						
TOTAL IND.	4	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	46	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	50						TOTAL CLAIMS						

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